	□Failed □Closed □IHH State of Maine Health Inspection Report Page 1 of 4															
					Critica	al Vic	olatio	ons		-		3	Date		8/8/20	019
FIGURE AMERICAN CRU					Non-Critical Violations						6	Time	-	1:15 l		
						Certified Food Protection Manager					Υ	Time	Out	3:30 I	<u>PM</u>	
License Expiry Date/EST. ID# Address						City					Zip Code			ohone		
11/14/2019 / 18159 70 LINCOLN ST										04240-779		Ь—	-333-36			
License Type Owner Name							Purpose of Inspection License Posted					R	isk Cate	gory		
MUN - EATING AND CATERING HOSPSERV INC						Regular Yes										
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark"X" in appropriate box for COS and/or R															
	IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation															
	mnl	ianaa Statu	•		cos	R	Т	Con	npliance Sta	itus					1	cos R
Supervision Potentially Hazardous Food Time/Temperature											-					
1		IN	PIC present, demonstra	ates knowledge, and		П		16 IN Proper cooking time & temp			eratur	es				
-			performs duties	oyee Health		Ц	17		IN	Proper reheatii				ding		_
2		IN	Management awarenes	-	Т	Н	18 IN Proper cooling time & temperatures 19 IN Proper hot holding temperatures						_			
3		IN		, restriction & exclusion		口	19 20		IN IN	 						_
				ienic Practices			21		IN	Proper cold ho Proper date ma						_
<u>4</u> 5		IN IN	Proper eating, tasting, No discharge from eyes	drinking, or tobacco use	-	Н	22	_	IN	Time as a publi				res & re	cord	
		11.4		mination by Hands						<u> </u>	ner Advisory					
6		IN	Hands clean & properly		\top	П		П		Consumer advi	-	d for ra	aw or		\neg	Т
7		0.17	No bare hand contact v	vith RTE foods or approved	T _x	П	23		IN	undercooked fo	oods					
ш		OUT	alternate method prope	erly followed	^_	Ш				Highly Susce	ptible Popula	tions				
8		IN	Adequate handwashing	facilities supplied & accessible		Ш	24		IN	Pasteurized for	ods used; pro	hibited	d foods	s not		
			Approv	ed Source						offered	Chemical					
9		IN	Food obtained from app	proved source		Ц	25	П	IN	Food additives:		propo	rlyusa	nd .		$\overline{}$
10		IN	Food received at prope	<u>·</u>	_	Ш	26		IN	Toxic substance					hoa	+
11		IN	Food in good condition,			Н				onformance with				neu œ u.	seu	
12		IN	Required records available parasite destruction	able: shellstock tags			-			Compliance with				rocess	Т	Т
			<u> </u>	om Contamination			27		IN	& HACCP plan	ar variance, c	poolai	izou p	, 00000,		
13		OUT	Food separated & prote		X	П				<u> </u>						
14		OUT	Food-contact surfaces:		Х	П			k Factors	are improper prac	•					
15 IN Proper disposition of returned, previously served, Interventions are control measures to prevent foodborne illness or injury. Public Hea																
			reconditioned, & unsafe	e food			L				o to provone to			00 0y.	y .	
				GOOD I												
			Good Retail Practices are	preventative measures to control the	additio	on of	patho	ogen	s, chemicals,	and physical obje	cts into foods.					
Ma	rk ")	K" in box if n	umbered item is not in com	pliance Mark "X" in appropriate	e box f	or CC)S ar	nd/or	R COS	S=corrected on-site	during inspec	tion	R=re	peat viola	ation	
					cos	R									ď	cos R
Safe Food and Water Proper Use of Utensils																
28			d eggs used where requ	ired			41	IN	In-use uten	sils: properly sto	ored					
29	-		ce from approved source				42	-	Utensils, ed	quipment, & line	ns: properly s	tored,	dried	, & hand	led	х
30	IN	Variance o	btained for specialized p		丄	Ц	-	IN		& single-service	articles: pro	perly s	tored	& used		
			Food Temperature C				44	IN	Gloves use	<u> </u>						
31	IN	•	oling methods used; ade	quate equipment for						Utensils, Equip						
32	IN	temperatu		holding	+	Н	45	IN		n-food contact su esigned, constru		abie,			- 1	
33	IN		properly cooked for hot thawing methods used	nolaing	+	Н	46	IN		ing facilities: inst		inad (2 usad	l: toot ot	rino	+
34	-		eters provided and accur	rate	+	Н	-	X		ontact surfaces		ineu, e	x useu	i, test sti	ips	×
07		mermome	·				77	1/	14011-1000 C							^
35	Food Identification Solid Notation Food properly labeled; original container Food water available; adequate pressure Food water available; adequate Food water available; adequa									$\overline{}$						
			Prevention of Food Cont				49	-		nstalled; proper						×
36	IN	Insects, ro	dents, & animals not pre		T		50	-		waste water pro						
	IN		•	od preparation, storage & display	1	П	51	-		ties: properly co			, & cle	eaned		\top
37 38	IN					П	52	IN								
39 X Wiping cloths: properly used & stored 53 X Physical facilities installed, maintained, & clean																
40 N Washing fruits & vegetables 54 X Adequate ventilation & lighting; designated areas used																
	Lothware lander															
Per	Person in Charge (Signature) Date: 8/8/2019															
	Health Inspector (Signature)															
	LISA SILVA Follow-up: YES VNO Date of Follow-up:															

	State of	Maine Hea	Ith Inspect	ion Rep	ort	Page 2 of 4				
Establishment Name FISH BONES AMERICAN GRILL			As Authorized b	Date 8/8/2019						
License Expiry Date/EST. ID# 11/14/2019 / 18159	Address 70 LINCOLN ST		City / State LEWISTON	/ ME	Zip Code 04240-7792	Telephone 207-333-3663				
Temperature Observations										
Location	Temperature	-		Notes						
NA .	447*	0.1								

Temperature Observations								
Location	Temperature	Notes						
Water	117*	3 bay sink						
High temp dish	150*/180*+	Wash/ rinse cycle						
Seared sesame tuna	39*	Deli unit cooler						
Water	108*	Men's restroom						
Mashed potato	152*	Hot holding						
Milk	41*	Bar cooler						
Cole slaw	42*	Upright cooler						
Pickles	37*	Ice well storage						
Soup	147*	Hot holding						
Cooked fish	39*	Walk in cooler						
Raw beef steak	38*	Deli unit cooler						
Quat sanitizer	200 ppm	Sanitizing bucket						

Person in Charge (Signature)

Health Inspector (Signature) LISA SILVA Lotthwire lander

Date: 8/8/2019

State of Maine Health Inspection Report

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Date

Establishment Name

FISH BONES AMERICAN GRILL

License Expiry Date/EST. ID# 11/14/2019 / 18159

Address 70 LINCOLN ST City / State LEWISTON

ME

Zip Code 04240-7792

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

7: 3-301.11.(A).(B).(D): C: Food employees are handling ready to eat foods with bare hands.

INSPECTOR NOTES: Food employee handling Fried wontons with bare hands. Clean utensils or clean gloves must be worn to handle all RTE Foods. Although not observed, proceeds for handling bread as told is incorrect as well. Use utensil of clean food grade glove. *COS, product discarded.

13: 3-302.11.(A).(1).(A): N: Raw Ready-to-Eat food not protected from cross contamination from raw animal foods during storage, preparation, holding, or display.

INSPECTOR NOTES: Raw squid held over raw oysters. Raw squid also held over RTE cooked fish. All raw items must be stored below RTE foods. *COS

14: 4-601.11.(A): C: Equipment food-contact surfaces and utensils are not clean to sight and touch.

INSPECTOR NOTES: Meat slicer and can opener blade have old food reminants on them. Clean and sanitize after use. *COS

39: 3-304.14.(B).(1): N: Wiping cloths used for wiping counters and other equipment surfaces not held between uses in a chemical sanitizer.

INSPECTOR NOTES: Wiping cloths held at wait station not held in chemical sanitizer. All towels used to wipe surfaces, utensils or equipment must be held in proper solution of chemical sanitizer.

42: 4-903.11.(B): N: Clean equipment and utensils not stored by being covered/ inverted/ or self draining.

INSPECTOR NOTES: Eating utensils and "to go" style containers stored improperly. Store utensils with handles up and containers inverted to minimize contamination. *COS

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: **REPEAT** Shelving area near salad area, microwave needs cleaning. Mixer area for baked goods also has build up. Clean more often and as necessary.

49: 5-205.15: C: Plumbing system not properly maintained in good repair.

INSPECTOR NOTES: **REPEAT** 3 bay sink leaking. Hire licensed plumber to resolve problem.

53: 6-201.11: N: Floors, walls, and ceilings are not smooth and easily cleanable.

INSPECTOR NOTES: Ceiling area above dish return, baking area has exposed insulation that could contaminate food. This area must be protected from falling, suspending insulation.

54: 6-202.12: N: Ventilation may cause food contamination.

INSPECTOR NOTES: Vent near handsink, waitstation area has a build up of dust and debris. Clean to ensure no risk of physical conatmination.

Person in Charge (Signature)

Date: 8/8/2019

Health Inspector (Signature) LISA SILVA

HHE-601(a)Rev.01/07/10

State of Maine Health Inspection Report Page 4 of 4 8/8/2019 Date **Establishment Name FISH BONES AMERICAN GRILL** License Expiry Date/EST. ID# **Address** Zip Code City / State 11/14/2019 /18159 70 LINCOLN ST LEWISTON ME 04240-7792

Inspection Notes

Certified Food Protection Manager: Cameron Bedard exp. 2/19/2024

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy,

http://www.maine.gov/healthinspection. Following are a few of the major changes: * No Bare Hand Contact with Ready-To-Eat Food. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * Date marking of Ready-to-eat potentially hazardous foods.

Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)

Health Inspector (Signature)

LISA SILVA

Date: 8/8/2019

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